

PATENT APPLICATION SERIAL NO.

10-801940

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

BEST AVAILABLE COPY

2/29/2005 GFREY1 00000065 10561946

1 FC:1631	300.00 OP
2 FC:1632	500.00 OP
3 FC:1633	200.00 OP

02 FC:1632 -500.00 OP

04/27/2006 WCLAYBRD 00000001 10561946

01 FC:1642 400.00 OP

PTO-1556
(5/87)

U.S. Government Printing Office: 2002 — 483-267/50003

Refund Ref:
04/27/2006 0030031050

Credit Card Refund Total: \$100.00

Am Exp.: XXXXXXXXXXXX5002

Basic National Fees					Fee
Basic National Stage Fee					\$300.00
National Stage Search Fee					\$500.00
National Stage Examination Fee					\$200.00
Basic fee →					\$1,000.00
Claims*	Number filed		Number extra	Rate	
Total claims	17	-20	0	\$50.00	\$0.00
Independent claims	2	-3	0	\$200.00	\$0.00
Multiple dependent claims (if applicable)				\$360.00	
Additional Sheets:					
Sets of 50 over 100 sheets	0	x		\$250.00	\$0.00
Total of above					\$1,000.00
Small entity statement enclosed, 1 if Yes, 0 if No →				0	\$0.00
Total national fee					\$1,000.00
Non-English language specification				\$130.00	\$0.00
Total fees enclosed					\$1,000.00

*After any attached preliminary amendment reducing the number of claims and/or deleting multiple dependencies.

☒ Credit Card Payment Form to cover the above fees is enclosed.

☐ Please charge our Deposit Account No. 18-0988 in the amount of \$_____. A duplicate copy of this sheet is enclosed.

WARNING: TO AVOID ABANDONMENT OF THE APPLICATION THE BASIC NATIONAL FEE MUST BE PAID WITHIN THE 20/30 MONTH TIME LIMIT.

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Basic National Fees					Fee
Basic National Stage Fee					\$300.00
National Stage Search Fee					\$500.00
National Stage Examination Fee					\$200.00
Basic fee →					\$1,000.00
Claims*	Number filed		Number extra	Rate	
Total claims	17	-20	0	\$50.00	\$0.00
Independent claims	2	-3	0	\$200.00	\$0.00
Multiple dependent claims (if applicable)				\$360.00	
Additional Sheets:					
Sets of 50 over 100 sheets	0	x		\$250.00	\$0.00
Total of above					\$1,000.00
Small entity statement enclosed, 1 if Yes, 0 if No →				0	\$0.00
Total national fee					\$1,000.00
Non-English language specification				\$130.00	\$0.00
Total fees enclosed					\$1,000.00

*After any attached preliminary amendment reducing the number of claims and/or deleting multiple dependencies.

☒ [X] Check Payment Form to cover the above fees is enclosed.

☐ [] I have deposited our Deposit Account No. 18-0988 in the amount of \$1,000.00. A duplicate copy of this sheet is enclosed.

WARNING: TO AVOID ABANDONMENT OF THE APPLICATION THE BASIC NATIONAL FEE MUST BE PAID WITHIN THE 20/30 MONTH TIME LIMIT.